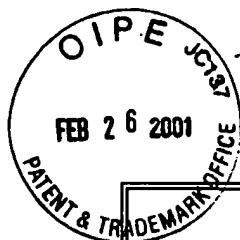


Receipt



PATENT

ATTORNEY DOCKET NUMBER: 50150/007002

Certificate of Mailing: Date of Deposit: February 22, 2001

I hereby certify under 37 C.F.R. § 1.8(a) that this correspondence is being deposited with the United States Postal Service as **first class mail** with sufficient postage on the date indicated above and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

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TECH CENTER 1600/2900

Applicant: William M. Mitchell et al.

Art Unit: 1645

Serial No.: 09/709,201

Examiner:

Filed: November 8, 2000

Customer No.: 21559

Title: DIAGNOSIS AND MANAGEMENT OF INFECTION CAUSED BY  
CHLAMYDIA

Assistant Commissioner For Patents  
Washington, D.C. 20231

PETITION TO CORRECT FILING RECEIPT

Applicant requests that the attached filing receipt be corrected as follows:

Please delete "elbing" and insert --Elbing--. Also, please delete under the Continuing Data as Claimed by Application Section "AND CLAIMS BENEFIT OF 60/023,921 08/14/1996". In addition, please make reference to the applications under the Continuing Data as Claimed by Applicant Section once, instead of twice.

Furthermore, please change the title of the application from "Diagnosis and Management of infection" to --Diagnosis and Management of Infection Caused by Chlamydia--.

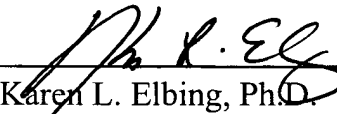
Attached is a copy of the incorrect filing receipt.

If there are any charges, or any credits, please apply them to Deposit Account No.

03-2095.

Respectfully submitted,

Date: 22 February 2001

  
Karen L. Elbing, Ph.D.  
Reg. No. 35,238

Clark & Elbing LLP  
176 Federal Street  
Boston, MA 02110  
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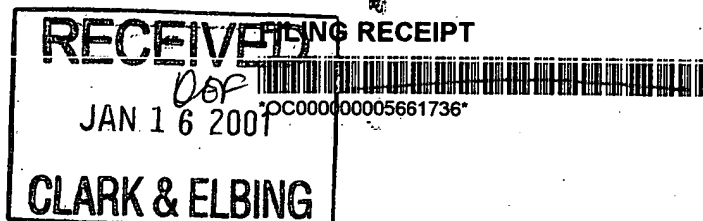


## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/709,201	11/08/2000	1645	435	50150/007002	4	9	5

Karen L. Elbing PH.D.  
Clark & Elbing LLP  
176 Federal Street  
Boston, MA 02110



Date Mailed: 01/08/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

William M. Mitchell, Nashville, TN ;  
Charles W. Stratton, Nashville, TN ;

**Continuing Data as Claimed by Applicant**

THIS APPLICATION IS A CON OF 09/025,521 02/18/1998 ABN  
~~THIS APPLICATION IS A CON OF 09/025,521 02/18/1998 ABN~~  
WHICH IS A CIP OF 08/911,593 08/14/1997 ABN  
~~AND A CIP OF 08/911,593 08/14/1997 ABN~~  
~~AND CLAIMS BENEFIT OF 60/023,921 08/14/1996~~  
~~AND CLAIMS BENEFIT OF 60/023,921 08/14/1996~~

**Foreign Applications**

If Required, Foreign Filing License Granted 01/08/2001

\*\* SMALL ENTITY \*\*

**Title**

Diagnosis and management of infection caused by chlamydia

**Preliminary Class**

435